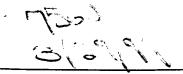
Complete and inail this form, together with a

able fees, to:

Box ISSUE FEE
Assistant Commissioner for Parits
Washington, D.C. 20231



217

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE. Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Issue Fee Receipt, the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

Note: The certificate of mailing below can only be used for domestic mailings of the Issue Fee Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

Certificate of Mailing

ROBIN L TESKIN BURNS DOANE SWECKER AND MATHIS P O BOX 1404 I hereby certify that this Issue Fee Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

P 0 B0X 1404 ALEXANDRIA VA 22313-1404 (Depositor's name)

(Signature)

(Date) APPLICATION NO. **FILING DATE TOTAL CLAIMS EXAMINER AND GROUP ART UNIT DATE MAILED** 08/781,752 01/10/97 024 CROUCH, D 1632 03/24/99 First Named STICE, 35 USC 154(b) term ext. O Days. Applicant

HM12/

TITLE OF INVENTION CLONING USING DONOR NUCLEI FROM PROLIFERATING SOMATIC CELLS. (AS AMENDED)

ATTY'S DOCKET NO.	CLASS-SUBCLASS	BATCH NO.	APPLN. TYPE	SMALL EN	ППҮ	FEE DUE	DATE DUE
1 000270-007	800-024.	000 078	3 UTIL	_ITY Y	ES	\$605.00	06/24/99
Use of PTO form(s) and Customer Number are recommended, but not required. Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" Indication (or "Fee Address" Indication form PTO/SB/47) attached.				ting on the patent front page, list nes of up to 3 registered patent or agents OR, alternatively, (2) of a single firm (having as a registered attorney or agent) mes of up to 2 registered patent or agents. If no name is listed, no se printed. BURNS, DOANE, SWECKE A MATHIS, LLP 2 2			
3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the PTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE UNIVERSITY OF MASSACHUSETTS AS REPRESENTED BY ITS AMHERST CAMPUS (B) RESIDENCE: (CITY & STATE OR COUNTRY) Amherst, Massachusetts Please check the appropriate assignee category indicated below (will not be printed on the patent) individual corporation or other private group entity government							
The COMMISSIONER OF PATENTS A	ND TRADEMARKS IS reques	sted to apply the is:	sue Fee to the ap				
(Authorized Signature) (Date) $0.4-0.2-9.9$ NOTE; The Issue Fee will not be accepted from anyone other than the applicant; a registered attornor agent; or the assignee or other party in interest as shown by the records of the Patent and				04/05/1999 TLUU22 00000052 08781752 01 FC:242 605.00 0P 02 FC:561 33.00 0P APR 0 9 1999			
Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington D.C. 20231							
Under the Panerwork Reduction Act							

of information unless it displays a valid OMB control number.